

**STATE OF MISSOURI**

DIVISION OF PROFESSIONAL REGISTRATION

APPLICATION FOR CONTINUING EDUCATION COURSE APPROVAL

RETURN FORM TO: Missouri Board for Respiratory Care
3605 Missouri Boulevard
Post Office Box 1335
Jefferson City, MO 65102-1335
Telephone (573) 522-5864
TTY 1-800-735-2966
E-mail: rcp@pr.mo.gov
Website: pr.mo.gov

PLEASE SEE REVERSE SIDE FOR IMPORTANT INSTRUCTIONS AND CHECKLIST**MUST BE LEGIBLE****USE BLACK INK**

SPONSORING ORGANIZATION NAME	
SPONSORING ORGANIZATION ADDRESS	TELEPHONE NUMBER
TITLE OF SEMINAR	SEMINAR DATE(S) (PLEASE NOTE IF THIS IS TO BE ONGOING OR ONE-TIME OFFERING)
TYPE OF ORGANIZATION (PLEASE SPECIFY)	IS SEMINAR OPEN TO THE PUBLIC FOR ATTENDANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO
LOCATION OF SEMINAR (FACILITY NAME AND CITY OR TOWN)	
NAME AND CREDENTIALS OF INSTRUCTOR(S) - *A ONE-PAGE CURRICULUM VITAE ON EACH INSTRUCTOR MUST BE INCLUDED WITH THIS APPLICATION.	
SPONSORING ORGANIZATION CONTACT PERSON – INCLUDE TELEPHONE NUMBER IF DIFFERENT FROM ABOVE AND/OR E-MAIL ADDRESS IF AVAILABLE	
OBJECTIVE OF SEMINAR - MUST SPECIFY HOW THIS PROGRAM DIRECTLY RELATES TO THE PRACTICE OF RESPIRATORY CARE – ATTACH A ONE PAGE SYLLABUS OR OUTLINE OF MATERIAL TO BE COVERED IN THIS SEMINAR–	
NUMBER OF HOURS REQUESTED **NO MORE THAN 12 CREDIT HOURS WILL BE APPROVED FOR HOME STUDY PER 2-YEAR LICENSING PERIOD. ▶	
NAME, PHONE/E-MAIL ADDRESS OF PERSON RESPONSIBLE FOR CERTIFYING ATTENDANCE	METHOD OF CERTIFYING ATTENDANCE
THIS PROGRAM HAS BEEN APPROVED BY (SEE INSTRUCTIONS ON REVERSE SIDE) <input type="checkbox"/> AARC <input type="checkbox"/> MSRC <input type="checkbox"/> OTHER ACCREDITING AGENCY _____	PRIOR MBRC APPROVAL NUMBER
Please inform all licensees who attend this course/seminar that s/he will be responsible for maintaining his/her certificate of attendance. The biennial continuing education reporting period begins on August 1 of the even-numbered years and ends July 31 of the following even-numbered years. A licensee must fulfill his/her continuing education requirements during this time period to renew a license as a respiratory care practitioner for the following licensing period.	
FOR BOARD USE ONLY	
<input type="checkbox"/> Course/Seminar is approved for the hours requested.	APPROVAL NUMBER
<input type="checkbox"/> Course/Seminar is approved but not for the hours requested. Number of approved hours for this Course/Seminar. ▶	
<input type="checkbox"/> Course/Seminar is disapproved in its entirety. REASON: _____ _____ _____	
BOARD MEMBER SIGNATURE	DATE

INSTRUCTIONS – CHECKLIST

On the reverse side is an application for continuing education course approval. This application form/instruction sheet may be duplicated for future use. This form must be completed in full then mailed or faxed to 573-526-3489 with any required supporting documentation. Upon receipt of the completed application and any supporting documents, the Board will review the material provided and you will be notified in writing of the Board's decision granting or denying approval.

As stated in 20 CRS 2255-4.010:

(4) If this program is already approved by the American Association for Respiratory Care (AARC) or its state affiliates (MSRC in Missouri), the program is automatically approved by MBRC. (DO NOT SUBMIT THIS APPLICATION, BUT DO INFORM ATTENDEES OF THIS PROVISION AND PROVIDE THEM WITH DOCUMENTATION OF THAT AGENCY'S APPROVAL)

(5) A request for a program that is not approved by the AARC shall be submitted to the Board's executive director not fewer than ten (10) business days prior to the offering of the continuing education program. Applications submitted past this deadline or after presentation of the program will not be considered for approval. Denials of applications or reduction of requested hours on applications received less than sixty days prior to the date of offering may not be appealed.

(6) (C) Six (6) hours will be awarded for the successful completion of a course (excluding preparatory courses) related to Advanced Cardiac Life Support (ACLS), Neonatal Advanced Life Support (NALS)/Neonatal Resuscitation Program (NRP) or Pediatric Advanced Life Support (PALS). Programs identified within this subsection will not require pre-approval by the AARC, its state affiliates or the board for acceptance as hours towards fulfilling the continuing education requirement. However, not more than a total of twelve (12) hours will be awarded for any combination of the above mentioned programs during a two (2)-year period.

(D) No credit shall be awarded for courses or preparatory courses related to Basic Cardiac Life Support (BCLS) or Cardiopulmonary Resuscitation (CPR). This exception will override AARC approval.

Applications for continuing education course approval shall include the type of educational activity, the subject matter of the activity with objectives and goals, the number of continuing education hours offered, the names and qualifications of the instructors, and the location, date and time of activity.

- ☐ I have answered all questions regarding the title, location, and instructor(s) for this seminar or program.
- ☐ I have available (if requested by the Board at some future date) a curriculum vitae on each instructor/presenter.
- ☐ I have provided the name, street address, city, state, and zip code for the sponsoring organization and the telephone number of an individual associated with the sponsoring organization who may be contacted with questions or problems in connection with this program application.
- ☐ I have provided a brief statement concerning the direct relationship and benefit of this program to attendees in the practice of respiratory care.
- ☐ I have enclosed a one page syllabus or outline of material to be presented in this seminar or program.
- ☐ I have noted the number of hours being requested for this program.
- ☐ I have provided the name and contact information of person responsible for certifying attendance and that certification method.

DUE TO THE VOLUME OF MAIL RECEIVED IN THE BOARD OFFICE, IF YOU WISH TO HAVE APPROVAL BEFORE YOUR PROGRAM IS PRESENTED, PLEASE ALLOW A MINIMUM OF THIRTY DAYS FOR THE PROCESSING OF YOUR APPLICATIONS.